lowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:	
Name: City:	State:
Address: Zip:	Phone: ()
if this was a Public Water Supply Well, please provide:	
PWSID Name:	
PWSID Number:	IDNR Well Tag Number:
2. Well (Cistern) Location:	
1/4 of,1/4 of,1/4 of, Section	, TwpN, Range West/East (circle one)
County, Describe	well location on property:
3. Description:	
	erial: steel, plastic, concrete, clay, brick, stone
Depth to water: ft.	(circle one)
Casing diameter:in. Type of construction: drilled, driven, bored, dug, augered Year or decade constructed: (circle one)	
Depth of casing: ft, Check ☐ if this is a Monitoring Well Well ID:	
Check ☐ if Cistern depth: ft. diameter: ft.	
I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.	
Signature of Owner:	Date Plugged:
If plugged by certified well contractor, complete this box:	
I have plugged this well as required by rule 567-39.8 of the lowa Administrative Code (IAC).	
Signature of Contractor:	Cert. No.
OR, If plugged by well owner, complete this box:	
The property owner has plugged this well following requirements in rule 567-39.8 of the lowa Administrative Code with the oversight and assistance of the designated county agent.	
Signature of County Agent:	Date Approved:
Eligible for Grants-to-Counties cost share: YES NO (Determined by County Agent)	
Engine to: Chanto to Countes cost strate. 120 110 (Determined by County Agenty)	
Complete one form for each well plugged and	
submit within 30 days to the local county agent:	or, only if no county agent is available, to: Water Supply Section
David L. Kohlhaase 1802 Hill Ave. Ste. 2101	Iowa Department of Natural Resources
Spirit Lake, IA 51360	401 SW 7 th Street, Suite M
DNR FORM (REV 9/04)	Des Moines, IA 50309-4611 542-1226
	342-1220